

A. Ralph Mollis, Secretary of Sta Corporations Division 148 W. River Stre Providence, RI 02904-26.

401.222.30-

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.				· · · · · · · · · · · · · · · · · · ·	·
1. Corporate ID No.	2. Name of Corporation				
26382	American Physical Therapy Association - Rhode Island Chapter				
3. State of Incorporation	4. Corporate add	dress in Rhode Island - Street A	Address	City	Zip
Rhode Island	c/o Wendy	Fox, 89 Strathmore F	રd	Cranston	02905
5. Foreign corporation. Enter principal office address			City	State	Zip
	-	<del> </del>		<u> </u>	
		b are actually conducted in Ri			
Representing the need	is and interests of	Rhode Island area phys	sical therapists and physical t	herapist assistants.	
7 NAMES AND ADDRI	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING ATT	TACHMENTS
resident Name		( 11 11 11 11 11 11 11 11 11 11 11 11 11	Vice President Name		
Wendy Baltzer-Fox			Patricia Wolfe		
Street Address			Street Address		
39 Strathmore Rd			9 Barnside Lane		
Sity	State	Zip	City	State	Ζip
Cranston	RI	02905	Sandwich	MA	02563
Secretary Name			Treasurer Name		
Michael Spoerri			Deb Sneath		
Street Address		<del>"</del>	Street Address		
139 Armington St			292 Howard Ave		
City	State	Ζip	City	State	Zip
Cranston	RI	02905	Hope_	RI	02840
			ATTACHMENT) FILL IN SP.		
THE NUMBER OF DIE	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN TH	IREE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
Rob Sclama			Marc Desilets		
Street Address			Street Address		
46 Wenscott Lane			80 Maureen Circle		
City	State	Zip	City	State	Zip
Providence	RI	02904	Mapleville	RI	02839
Director Name			Director Name		
Carol Petrie			Kim Rouillier		
Street Address			Street Address		
153 Fischer Circle	<u> </u>		52 Dewberry Ln		7.
Sity	State	Zip 20074	City	State	<i>Σίρ</i>
Protection	RI	02871	Wakefield	RI	02879
9. REGISTERED AGEN	I IN KHODE ISLA	MD			
This information is curr	ently of record in th	ne Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6	5-13/7-6-78
This report	t must be signed by	either the President Vi	ce President, Secretary, Assist	ant Secretary, Treasurer, I	Receiver or Trustee
rms repor	i musi oc signed by	Visitel tile I legitieriti, VI		222-1 y, 212	

File Date	FILED
Check No.	JUN 07 2011
Ву:	By MMC
	FOR SECRETARY OF STATE USE ONLY

26382

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

۲۵٪ مع

Print or Type Name of Officer

Title of Officer

Form 631 Rev. 09/17